

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90159 002 ***150.00

DOCUMENT # P01000062216

1. Entity Name
ALL STATE CHARTER INC. OF PALM BEACH



Principal Place of Business
**3333 LAKE OVERLOOK PL
LANTANA FL 33462**

Mailing Address
**3333 LAKE OVERLOOK PL
LANTANA FL 33462**



2. Principal Place of Business
6146 Palm Breezes Dr.

Suite, Apt. #, etc.
Lantana, FL

City & State

3. Mailing Address
6146 Palm Breezes Dr.

Suite, Apt. #, etc.
Lantana, FL

City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1119139**

Applied For
Not Applicable

Zip
33462

Country
Palm Beach

Zip
33462

Country
Palm Beach

5. Certificate of Status Desired ☐ **\$8.75-Additional Fee Required**

6. Name and Address of Current Registered Agent

**WYMAN, ROBERT
3095 S MILITARY TR, STE 5
LAKE WORTH FL 33463**

7. Name and Address of New Registered Agent

Name
ROBERT J. EBERLE

Street Address (P.O. Box Number is Not Acceptable)

**~~3333 LAKE OVERLOOK PL~~
6146 Palm Breezes Dr.**

City
LANTANA FL

Zip Code
33462

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ROBERT J. EBERLE President** *Robert J. Eberle*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/13/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EBERLE, ROBERT J
3333 LAKE OVERLOOK PL
LANTANA FL 33462**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert J. Eberle* **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/03
Date

561 357 93 80
Daytime Phone #

CR2E034 (10/02)